

# Class Q Special Hunting/Fishing Permit Application for Persons Disabled in Lower Extremities

I certify that \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ according to WV 58CSR46 is:

(Name) (Street, P. O. Box, or Route) (City) (State) (Zip)

Revised 05/07/04